

SCHOOL ORDER FORM



Yes! Please sign my school up for a year's subscription to the TumbleReadables.

Billing Information:

School District: _____

Contact Name: _____

Email: _____

Phone: _____

Fax: _____

Address: _____

City, State, Zip: _____

Shipping Information:

School Name: _____

Contact Name: _____

Email: _____

Phone: _____

Fax: _____

Address: _____

City/State/Zip: _____

Notes:

Method of Payment:

Please check:

Please send me an invoice so that I can pay by cheque. My Purchase Order Number is:

Invoice should be dated:
(year/month/date)

I would like to pay by Visa/MasterCard using your secure online payment option.

School Information:

Single School

School District

No. Of Schools: _____

Start of Membership: (year/month/date)

For Office Use Only:

Start of Membership: _____ Expiration of Membership: _____

Special Instructions: _____

Sales Representative: _____

Please fax this form to: 416 781 2764
or mail it to: 1853A Avenue Road, #4, Toronto, On M5M 3Z4, Canada